

**SSI Milwaukee County Scope of Services and Network Adequacy Workgroup  
September 8, 2004 Meeting Summary**

**Organizations Represented:**

Autism Society of SE Wisconsin  
Community Care Organization  
Consumer Satisfaction Team  
DHFS  
Independence First  
Evercare, United Health Group  
Evercare, United Health Group  
Froedtert Hospital Administration  
iCare  
iCare  
iCare  
iCare  
iCare  
Independence First  
Independence First  
Managed Health Services  
Managed Health Services  
Managed Health Services  
Managed Health Services  
Managed Health Services  
MetaStar  
Milliman  
Milliman  
Milwaukee County  
Milwaukee County Behavioral Health Division  
Milwaukee County Department on Aging  
Milwaukee Mental Health Association  
NAMI  
NAMI  
Renal Care Group  
Renal Care Group  
The Management Group  
Transitional Living Services  
Warmline  
Wisconsin Association of Health Plans  
Wisconsin Community Mental Health  
Wisconsin Coalition for Advocacy

**Representatives:**

Patti Meerschaert  
Barbara Moore  
Janet Malmon  
Jim Hennen  
Bob Driscoll  
Laura Esslinger  
Jan Wuorenma  
Maureen McNally  
Joyce Binder  
Kathy Sansone  
Martha Lundin  
Pat Jerominski  
Jeff Grancorbitz  
Karen Avery  
Alexandra Kriofske  
Sandi Tunis  
Rich Fredrickson  
Jennifer Winter  
Bruce Weiss  
Heidi Evans  
Sherrel Walker  
Gerry Bernstein  
Brad Piper  
Mike Kreuser  
Paul Radomski  
Chester Kuzminski  
Julie Rothwell  
Michelle Czuba  
Dee Sitzberger  
Sue Yahnke  
Chris Rogers  
Tom Lawless  
Amy Dodge  
Lyn Malofsky  
Kelli Rosati  
David Dropkin  
Peter Hoeffel  
Catherine Kunze  
John Pretsby

**Staff:** John Easterday and Alice Mirk, Division of Disability and Elder Services, David Beckfield, Angelo Castillo, Angela Dombrowicki, Michael Fox, Sean Gartley, Mary Laughlin,

Janice Sieber, and David Woldseth, and Dr. Sandra Mahkorn, Division of Health Care Financing.

1. Angela Dombrowicki, Director of the Bureau of Managed Health Care Programs (BMHCP), called the meeting to order at 9:15 a.m.
2. Ms. Dombrowicki led a discussion of universal (mandatory) and voluntary enrollment options for SSI eligible adults in Milwaukee County, noting some of the challenges that face all parties in pursuit of the most appropriate enrollment option for this medically needy population. An issue paper titled “Enrollment Options for SSI-Medicaid Managed Care in Milwaukee County” was distributed to the Committee for review. The paper outlined three enrollment options for the SSI population in Milwaukee County:
  - **Option 1: Voluntary Enrollment.** SSI Medicaid adults would enroll in managed care and could disenroll at any time.
  - **Option 2: Universal Enrollment.** SSI Medicaid adults would be required to enroll in a Managed Care Organization of their choice.
  - **Option 3: All In/Opt Out Enrollment.** SSI Medicaid adults would be asked to choose a Managed Care Organization and would be automatically assigned to a Managed Care Organization if they failed to choose. The enrollee would be committed to a one month trial period. During the 90 days after initial enrollment, an enrollee could pick a different HMO, remain in the same HMO, or return to Fee-for-Service. If the enrollee were in an HMO after 90 days from initial enrollment, they would be locked-in to enrollment with that HMO for 9 months. After the 9 month commitment ended, the enrollee would have the option to switch to another HMO.

Ms. Dombrowicki pointed out that the voluntary enrollment option (Option 1) would not be financially practical given the State Medicaid budget short-fall and the likelihood plans would not participate without assurances of a certain level of participation. The universal option (Option 2), while providing a choice of managed care plans, is limiting in that it does not provide the option for SSI individuals to choose Fee-for-Service. The Department recommended the All In/Opt Out option (Option 3), which would alleviate some of the financial and enrollment number concerns while providing consumers a variety of choices, including the opportunity to return to Fee-for-Service.

Discussion centered around the All In/Opt Out option (Option 3) recommended by the Department. Advisory Committee members expressed concern about the one month enrollment trial period, noting that in many instances, it may not provide enough time for SSI individuals to make informed decisions. Members were also concerned that after a 9 month lock-in period, enrollees would not have an opportunity to return to Fee-for-Service. Ms. Dombrowicki stated that the time-frames could be changed and would be addressed in detail in the Consumer Rights and Enrollment Workgroup.

The Consumer Rights and Enrollment Workgroup will address this issue during their next meeting on September 20<sup>th</sup> and will make recommendations to the Advisory Committee on October 6<sup>th</sup>.

3. Sean Gartley, Policy Analyst for BMHCP, presented materials outlining SSI managed care efforts in four states: Massachusetts, New Jersey, Oregon, and Pennsylvania. The material was derived from a report titled “Adults with Disabilities in Medi-Cal Managed Care: Lessons from Other States”, which was published in 2003 by the Center of Health Care Strategies for the State of California. Each of the states highlighted implemented different program models based on the state’s experience and readiness for extending managed care to people with disabilities.
4. The Committee adjourned for Workgroup break-out sessions at 10:10 a.m.
5. The Committee reconvened at 12:10 p.m. Angela Dombrowicki reminded the Committee that the next meeting would be October 6<sup>th</sup> at the Italian Community Center and that Workgroups would be meeting between the September 8<sup>th</sup> and October 6<sup>th</sup> meetings. Workgroups will present recommendations on a variety of issues to the Advisory Committee at the October 6<sup>th</sup> meeting.
6. Meeting was adjourned at 12:25 p.m.

Respectfully submitted,

Sean Gartley  
BMHCP